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PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
David C. Orłowski)
Serial No.: 09/428,982) EXAMINER: Vishal A. Patel
Filed: 10/28/1999) ART UNIT: 3673
For: BEARING ISOLATOR)
Docket Number: P3091)

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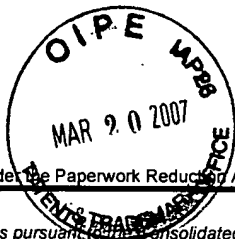

Signature

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1. Transmittal Form
2. Fee Transmittal Form (2)
3. Request for Continued Examination
4. Petition for Extension of Time (2 Months)
5. CC Form 2038
6. Response to Office Action (13 pages)
7. Declaration (8 pages)
8. Acknowledgement Postcard



PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$620.00

Complete if Known

Application Number	09/428,982
Filing Date	10/28/1999
First Named Inventor	David C. Orlowski
Examiner Name	Vishal A. Patel
Art Unit	3673
Attorney Docket No.	P3091

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for extension of time 2 months & RCE

Fees Paid (\$)

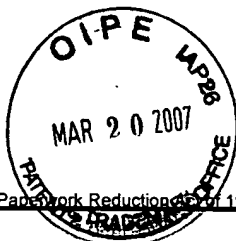
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 50,644	Telephone 563-441-0207
Name (Print/Type)	Jay R. Hamilton		Date 3/20/2007

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63-21-117

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

28

Application Number 09/428,982

Filing Date 10/28/1999

First Named Inventor David C. Orlowski

Art Unit 3673

Examiner Name Vishal A. Patel

Attorney Docket Number P3091

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
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of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

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<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
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Declaration
Postcard
Transmittal form |
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Firm Name Law Office of Jay R. Hamilton, PLC.

Signature

Printed name Jay R. Hamilton

Date 3/20/2007

Reg. No. 50,644

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Typed or printed name Jay R. Hamilton

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